

4508
5229
6229
9006
0900
0960
2002
7002

OFFICIAL USE

Postage	\$	Postmark Here 1:02-CR-156(1) DOC. 1073/18/05
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To KAREN PARKER 03667-061		
Street, Apt. No., or PO Box No. FMC SATELLITE CAMP P.O. Box 14525		
City, State, ZIP+4 LEXINGTON, KY 40512		

PS Form 3800, April 2002 See Reverse for Instructions